

CARES Correspondence Re-Engineering

Research Findings

2/09/2006



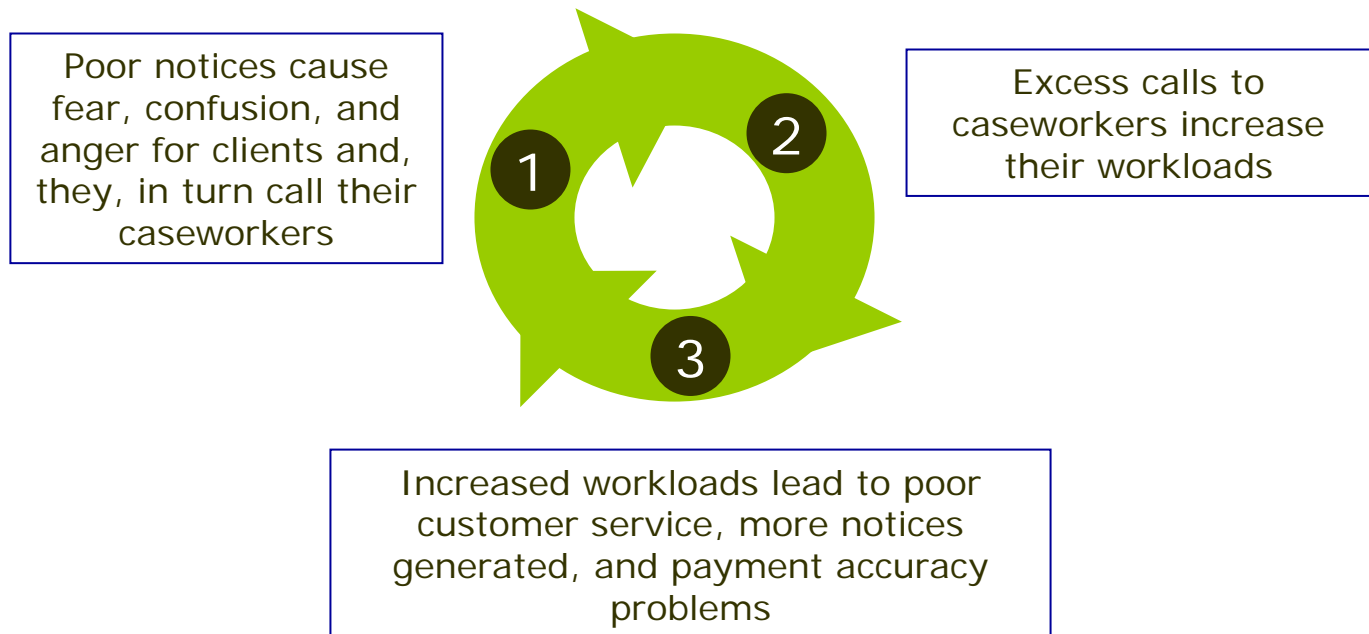
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Overview

- There are 7 parts to this presentation
 - Background Information
 - Part 1 - Eligibility Notices
 - Approval, Denial, Change Notices
 - Part 2 - System Letters
 - Appointment Letters, Verification Checklists
 - Part 3 - Worker Generated Letters
 - SMIRF Incomplete Letter, IM Free Format Letter
 - Part 4 - Notice Generation Summary
 - 6 Month "Snap Shot" and Summary #s
 - Part 5 – Client, Worker, Advocate, and DHA Feedback
 - Part 6 - Notice Issues Research Summary
 - Part 7 - Considerations

Background Information

- ❑ DHFS Income Maintenance Goals:
 - Improve customer service
 - Reduce caseworker workloads
 - Improve payment accuracy
- ❑ Poor notices cause a cycle of problems that impact clients and workers and impact all three goals:



Background Information

- ❑ DHFS and Deloitte Consulting researched issues with CARES notices and different solutions being employed by other states.
- ❑ Findings and solutions offered in this presentation are the results of this research and includes information from the following sources:
 - Worker feedback
 - Client feedback
 - Advocate feedback
 - Legal Counsel Feedback
 - Fair Hearing Staff Feedback
 - CARES system research and physical notice reviews
 - Research about other State's notices

Part 1: Eligibility Notices Costs

Eligibility Notices Envelope Totals

	Total	Cost
Average # of Envelopes (daily):	10,900	\$ 3,700
Average # excluding AA (daily):	9,400	\$ 3,200
# of Envelopes (month)	284,000	\$ 96,500
# of Envelopes (year)	3.4 million	\$ 1,160,000

Estimated per unit cost = \$0.34 (includes postage, printing, and envelope cost)

Eligibility Notice Page Totals

	Total	Cost
# of Page Sheets (daily):	26,600	\$ 1,064
# of Page Sheets, excluding AA (daily):	22,200	\$ 890
# of Page Sheets (month)	638,000	\$ 25,500
# of Page Sheets (year)	7.6 million	\$ 306,000

Sheet (estimated per unit cost) = \$0.04

Average Sheets per envelope = 2.6

Total: \$1,466,000

Notes: Research based on month of June 2005, 2 partitions extrapolated to 10 Partitions,
Includes CC provider notices
There is no mass change in June
Excludes SeniorCare notices and cases.

With an
average of

480,000†

cases open at
some point in a
year,

7.08

eligibility notice
envelopes are
received per case,
per year for an
average
cost per case of

\$3.00

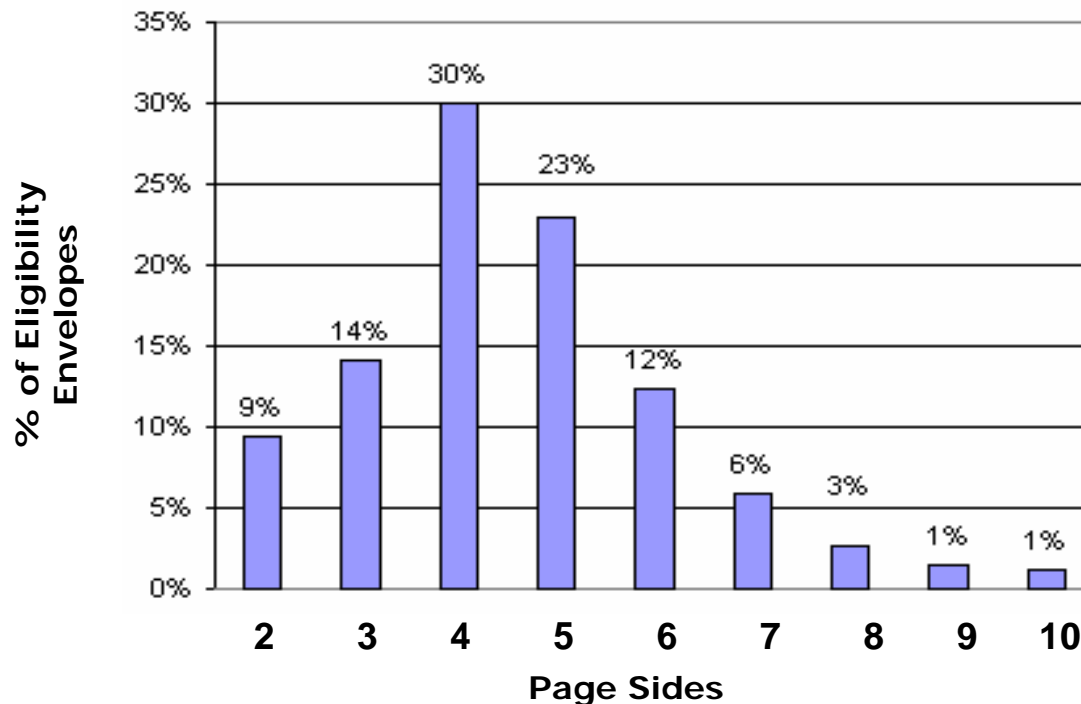
† - assumes approximately
350,000 open cases at any one
time, and 130,000 cases
closing during the course of a
year



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Part 1: The Average Eligibility Notice Envelope

- The average eligibility notice envelope contains 2-3 page sheets, and 4-5 page sides of text.



4.8

The average number of page sides per CARES eligibility notices

2.6

The average number of page sheets per CARES eligibility notices

Notes: Research based on month of June 2005, 2 partitions extrapolated to 10 Partitions

Part 1: Top 20 Most Common Eligibility Notice Content

Rank	Type	Description	Monthly Total	%
1	AEM1	Family MA (Summary)	281,320	33.8
2	AEM5	FPW MA (Summary)	66,945	8.0
3	CCAP	Child Care Authorization (Provider Weekly Notice)**	50,985	6.1
4	CCAC	Child Care Approval (Client)	39,635	4.8
5	AEM3	EBD MA (Summary)	36,765	4.4
6	AEI3	FS No Change Notice (ongoing)	29,265	3.5
7	AEM2	LTC MA (Summary)	28,315	3.4
8	AEEI	W2-CC Assistance Review (one-month and ongoing)	27,715	3.3
9	AEM4	MPA MA (Summary)	24,370	2.9
10	AEC1	FS Closure	21,585	2.6
11	AED9	W2-CC Denial (one-month)	21,225	2.6
12	AEOU	Community Spouse (Income Allocation)	18,085	2.2
13	AEAL	FS Approval Re-Apply (one-month)	16,610	2.0
14	AER1	FS Decrease (ongoing)	14,660	1.8
15	AEDH	W2-CC Denial (ongoing)	14,380	1.7
16	AEI1	FS Increase (ongoing)	13,555	1.6
17	AEAD	FS Approval Re-Apply (ongoing)	11,935	1.4
18	AED5	FS Denial (one-month)	10,860	1.3
19	AEC6	W2-CC Closure	10,725	1.3
20	ACDC	CTS Re-Denial (one-month)	10,680	1.3

53%

The percentage of CARES notices content for Medicaid

29%

The percentage of CARES notices content W2 and CC* *

18%

The percentage of CARES notices content for FoodShare

Notes: **Includes CCAP count

Research based on month of June only, two partitions extrapolated to 10 Partitions

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Part 1: Eligibility Notice Frequency

■ How often are clients getting eligibility notice envelopes in a month?

	Estimated** (10 Partitions)	%
# of cases receiving a notice	150,020	-
# of cases receiving 1 notice	86,340	56%
# of cases receiving 2 notices	38,350	26%
# of cases receiving 3 notices	14,020	9%
# of cases receiving 4 or more notices	11,310	8%
# of cases receiving 6 or more notices	2,010	1%
# of cases receiving 8 or more notices	290	<1%

Of 150,000 cases receiving a notice in June,
out of 350,000 open cases in CARES,

43%

received more than one.

Notes: **Research based on month of June only, one partitions extrapolated to 10 Partitions



Part 2: System Letters

System Letter Envelope Totals

	Total	Cost
Average number of Envelopes (daily):	7,950	\$ 2,700
Number of Envelopes (month)	192,000	\$ 65,200
Number of Envelopes (year)	2.3 million	\$ 782,000

Estimated per unit cost = \$0.34 (includes postage, printing, and envelope cost)

System Letter Page Totals

	Total	Cost
Number of Page Sheets (daily):	9,150	\$ 360
Number of Page Sheets (month)	219,000	\$ 8,760
Number of Page Sheets (year)	2.6 million	\$ 105,100

Sheet (estimated per unit cost) = \$0.04
Average Letters per envelope = 1.1

Total: \$887,000

With an
average of

480,000

cases open at
some point in a
year,

4.8

letters envelopes
are received per
case, per year for
an average
costs per case of

\$1.85

Notes: Research based on month of June, two partitions extrapolated to 10 Partitions
Excludes Senior Care letters



Part 2: Top 20 Most Common Letters

Rank	Code	Description	Monthly Total	%
1	CML1	Review Due Letter	31,855	14.4%
2	CML4	Worker Assignment Letter	25,825	11.6%
3	AEL2	Verification Checklist	23,625	10.6%
4	CSLD	Eligibility Review Confirmed Letter	23,080	10.4%
5	AVL1	Wage VF Form	21,045	9.5%
6	CMLR	SMIRF Reminder	10,570	4.8%
7	CSL1	IM Initial Appointment Letter (Office)	9,515	4.3%
8	BIL2	EBT 60 Day Warning	8,665	3.9%
9	CMLM	SMIRF Form	7,940	3.6%
10	CSL8	ES Interview Appointment	7,490	3.4%
11	AVL3	Wage / Insurance VF Form	7,380	3.3%
12	CSLI	JOBS Appointment.	4,195	1.9%
13	AELR	W2 Worker Assignment	3,830	1.7%
14	CSL4	WP Mandatory Enroll	3,730	1.7%
15	AVL2	Insurance VF Form	3,295	1.5%
16	CSLE	Work Search Review Letter	2,895	1.3%
17	BIL1	W2 Pay Statement	2,760	1.2%
18	AEL1	Inter-County Transfer	2,635	1.2%
19	CSIJ	JOBS/Work Search	1,380	.6%
20	BVL8	BV Mthly Repayment Summary	1,260	.6%

**Research based on month of June, two partitions extrapolated to 10 Partitions

**excludes SeniorCare letters



Part 2: System Letter Envelope Frequency

- How many system letter envelopes are clients getting per month?

	Estimated (10 Partitions)	%
# of cases receiving a letter envelope	134,000	-
# of cases receiving 1 envelope	93,700	70%
# of cases receiving 2 envelopes	26,100	19%
# of cases receiving 3 envelopes	8,200	6%
# of cases receiving 4 or more envelopes	6,510	5%
# of cases receiving 6 or more envelopes	1,300	1%

Of 134,000 cases receiving a notice in June,
out of 350,000 open cases in CARES,

30%

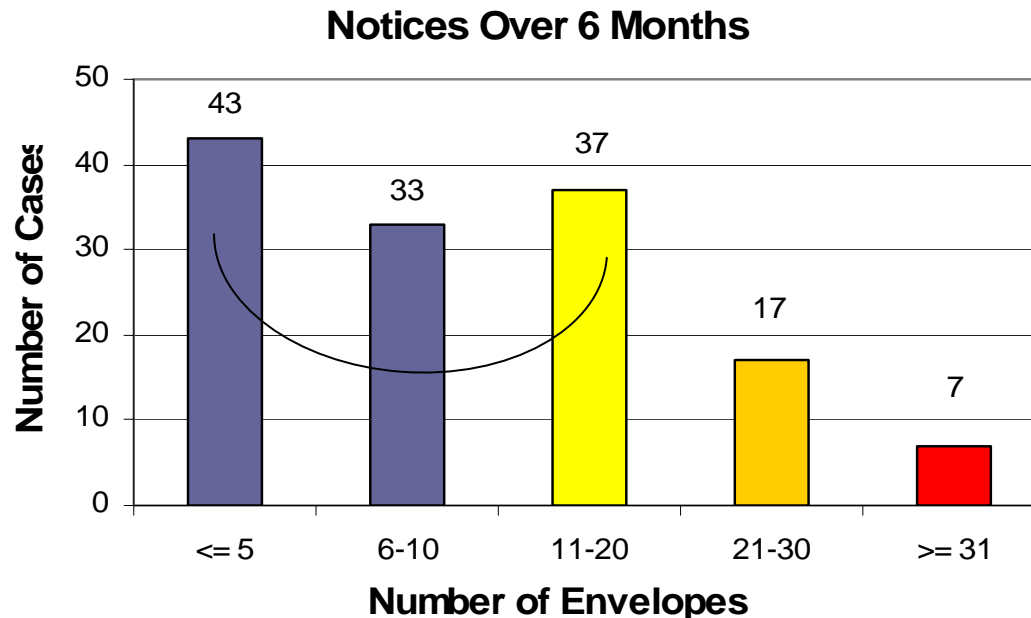
received more than one.

Part 3: Worker Generated Letters (ALL)

Code	Description	Monthly Total	%
NNFF	IM FREE FMT LTR	9055	66.4%
NASN	FSET SANCTION NOTICE	2590	19.0%
NAFR	REV MAIL IN FS/MA/BC	515	3.8%
NAM1	DANE CTY-MA REV 1	405	3.0%
NAM2	DANE CTY-MA REV 2	225	1.6%
NNF2	WP FREE FMT LTR	175	1.3%
NVPF	REPAY AGREEMENT-FS	175	1.3%
NAIR	FS SMIRF INC LTR	165	1.2%
NAAB	FSET SAN/ABAWD STRIK	115	0.8%
NVPA	REPAY AGREEMENT-W2	70	0.5%
NAVQ	FS VOL. QUIT LETTER	55	0.4%
NVPM	REPAY AGREEMENT - AF	45	0.3%
NSC2	Request for Info-1	20	0.1%
NIL3	EBT 10 MONTH WARNING	15	0.1%
NADD	??	10	0.1%
NWWW	WELL WOMAN LETTER	5	0.0%
-----	-----	13,640	-----

Part 4: Six (6) Month Snapshot

We took a random sample of 137 cases that received a envelope (system letter or eligibility notice) in the month of June. We then looked to see how many envelopes these cases received since January 1st, 2005 (a 6 month period).



Statistics[†]

Maximum	55
Average	11.9
Median	9
Minimum	1

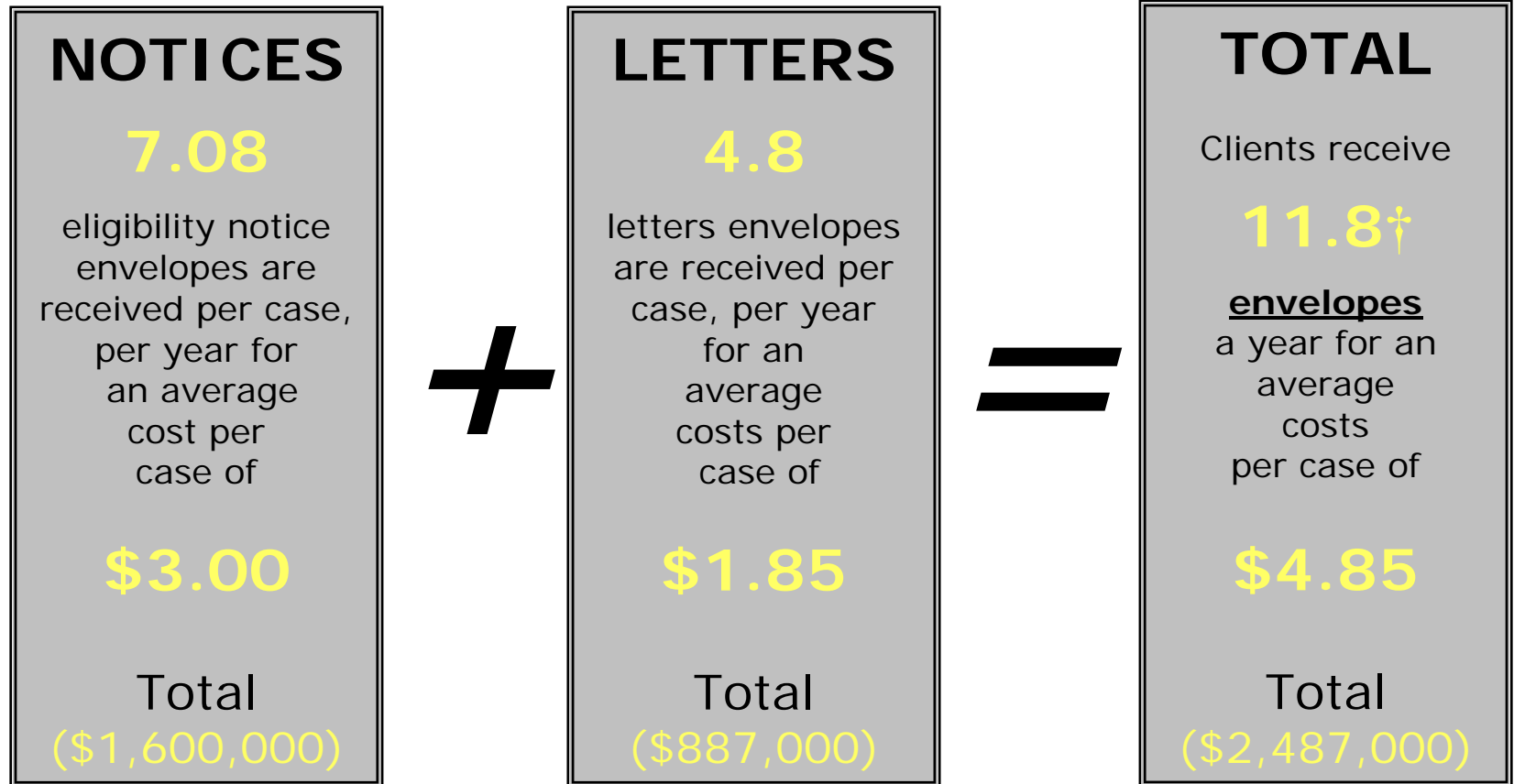
A large number of cases (43) receive few notices (<5).

A large number of cases (61) receive many notices (>11).

† - Stats only include cases that received an envelope in June. Only about 40% of open cases received an envelope in June.

Part 4: The Bottom Line...

Over the course of year...



How many envelopes should a client receive?

† - assumes approximately 350,000 open cases at any one time, and 130,000 cases closing during the course of a year

Part 4: How many envelopes should a client receive?

A Basic Case (FS and MA) in a year...

New Case (1st Year)

- Initial Appointment Notice (CSL1)
- Verification Checklist Letter (AEL2) **
- Initial Confirmation Notice (AEM1, etc)
- Wage Verification Form (AVL1) **
- SMIRF Reminder †
- SMIRF Form †
- Benefit Confirmation †
- Review Due Notice (CML1)
- Review Appointment Confirmation Notice (CSLD)
- Review Confirmation Notice (AEM1, etc)

10

Ongoing Case (Beyond 1st Year)

- SMIRF Reminder †
- SMIRF Form †
- Benefit Confirmation †
- Review Due Notice (CML1)
- Review Appointment Confirmation Notice (CSLD)
- Verification Checklist Letter (AEL2)**
- Review Confirmation Notice (AEM1, etc.)

7

**added for variance

† - for cases with FoodShare



Part 5: Client Feedback - Roundtable

- **Met with 15+ clients at Green Lake Head Start Council Meeting on 10/12/2005 for 2 hours; Sample suggestions from meeting are below:**
 - Clients stated they throw out the notice because it is too long and undecipherable (many without even opening it). If they read any section of the notice, it is the notice summary (and sometimes the budget).
 - Clients preferred a notice that is 1-2 pages maximum, and don't want to read paragraphs. They preferred tables with names, dates, amounts, denial reasons, etc.
 - Clients stated that notices come way too frequently, even when nothing has changed
 - Clients stated that JobNet paragraph in notice is useless, consider removing. Most know about JobNet from signs put up in the local offices and all have used at some point or another.
 - Clients stated that Quest Card paragraph is too long. Consider one sentence and provide help phone number.
 - Clients suggested that if someone is eligible for one type of MA, don't say they are ineligible for a different type of Medicaid Category
 - Clients stated that the page 1 instruction section is useless and condescending, consider eliminating. Clients are smart enough to understand what the notice summary table with the "Ys" and "Ns" means.
 - Clients suggested instead of the current budget they receive, it would be better to just state the income and expenses we used to determine their eligibility, and not all the deduction/benefit calculations, and client can verify it is correct. Then state that if the income/expenses shown are incorrect, contact worker.
 - Clients stated that the Rights/Responsibilities section was redundant. When clients sign their application in the office they are required to initial/sign numerous items that are similar to what the Rights/ Responsibilities section says (its usually a formal process where worker explains things in detail). They suggested shortening and placing at the back of notice (if it can't be eliminated altogether)



Part 5: Client Feedback – Survey

- ❑ 8 clients from the meeting completed and returned surveys
 - 100% of clients said notices have “too much” information
 - 100% of clients “agreed” or “strongly agreed” that they didn’t know why they received a notice
 - 100% of clients “agreed” or “strongly agreed” that notices they get are confusing
 - 88% of clients “agreed” or “strongly agreed” that notices come “too frequently”
 - 62% of clients “agreed” or “strongly agreed” that notice should come in one envelope, instead of separate by program

Part 5: Worker Feedback - Survey

- ❑ Web-based, caseworker survey conducted in November 2005
 - **Over 500 caseworker responses**
 - ❑ 62% IM Workers
 - ❑ 25% FEPs
 - ❑ 10% IM Supervisors
 - **Respondent Experience Level**
 - ❑ 45% with 10+ years of experience
 - ❑ 25% with 5–10 years
 - **Over 500+ free-format comments were input by workers, in addition to completing multiple choice questions**
 - **Calls Per Month**
 - ❑ 74% with 6+ notice calls a month
 - Many commented that they get calls 2-3 times a day
 - **Time Per Call**
 - ❑ 55% said 5-10 minutes
 - ❑ 27% said < 5 minutes
 - ❑ 18% said > 10 minutes

Part 5: Worker Feedback Survey - Common Complaints

□ Plenty of comments related to:

- Too many notices
 - 73% said notices go out “too often”
- Too long
 - 84% said there is “too much” information on notices
- Not understandable
 - 90% said notices were “too complex” or “somewhat complex”
- Notice font not reader friendly
- Clients only read summary (if anything)
- Budget complexity
- Spouse-related notice complexity

Part 5: Worker Feedback Survey - Comment Analysis

Category	Description	#
Pending AGs	Large volumes of calls due to BadgerCare pending due to EVF verifications, but notices has "N" listed in Eligibility Summary	36
Program Confusion	Large amount of program confusion. Coverage is commonly referred to as either "BadgerCare" or "Insurance". Clients think of it all as one bucket. Clients doesn't read notice beyond first notice summary denial (i.e. "N") to see if someone was eligible in some other category.	20
"Did Not Apply"	Notice talk about programs for which client did not apply. Multiple comments about this issue.	15
Review Letters	45-Day review letter comes out too early causing clients to call before client scheduling notice is sent out with details about review. Additionally, complaints about instructions in review scheduling letter about what to bring to office. Additionally, MA only cases do not need face to face review, yet letter says they do. CARES Client scheduling used by 39 agencies	15
MA Grace Month	Issue client getting MA Grace month eligibility letter than closing due to lack of review. Note: This has probably been corrected with elimination of grace month	9
SSI MA	Denials on CARES notices related to SLMB/QMB and general Medicaid cause confusion for SSI MA recipients that there SSI MA is ending causing them to call workers	8
Eligibility Duration	Clients are confused about the duration of the eligibility. Some think they should get a notice each month. Some don't understand they're eligible until they receive a negative notice.	7

Part 5: Worker Feedback Survey - Comment Analysis

Category	Description	#
Case Transfer	Worker name printed on notice is often transfer coord., not new worker. Consider eliminating and using caseworker assignment notice.	<=5
Dane County Address	The Park Street office needs to have its address on the letters - Too many people go to the wrong place or send info into the 1202 Northport address	<=5
Notice Organization	Denial reasons not included in the eligibility summary and clients don't read on into the body of the notice to find them. Multiple complaints about the location of Rights / Responsibilities language.	<=5
Manual Intervention	A number of comments asking for the ability manually customize notices to clients.	<=5
Handling Death	Complaints about how we discuss death in multiple notices	<=5

Part 5: Worker Feedback Survey - Sample Comments

- First, I should say the majority of our customers do not read their notices. I think they give the customer too much information in a format that they cannot follow. I have trouble deciphering what the state is saying. I get a least 3 calls (but often more) daily regarding notices of decisions (NODs). Customers do not understand the difference in MA categories - if you are not eligible for one you may be eligible for another. They just see the closure. For me as a lead trying to read them from CNHS is ridiculous. They are too repetitive. The state must understand we deal with a lot of uneducated customers - several have not even graduated from high school. I go by this a lot -- 'KISS.' It means 'keep it simple stupid'. business complicate so much these days making sure they cover everything in their notices. Well, if customers are not reading them then we are wasting paper, but most importantly postage in these times of so many budget cuts. Certainly, I do not point that saying to the state, our workers or customers I am saying we must simplify those NODs and soon. Thanks for letting me sound off!

- When a client is pending for benefits, they receive a notice that they ARE NOT eligible. While this is technically correct, because until it is confirmed they're not, they ALWAYS assume it is a total denial and want to know why. I get at least 1 call PER DAY from a client with this issue. Instead of the basic pass/fail language, there needs to be an explanation that benefit eligibility is unable to be determined due to pending verification. That would eliminate needless worry and frustration for clients and an incredible number of phone calls for workers.

- Notices of upcoming reviews are sent WAY too early. ESS are barely starting current month reviews when MANY phone calls come in regarding the notices about next months reviews. Clients receive NOD's when SSA makes a change and the NOD advises them to call the ESS worker??? (FYI.....MANY errors in benefits occur when Soc Sec make changes that affect our cases) The Notices have ALWAYS been 'clear as mud' and confusing (or frightening) to many clients.

Part 5: Worker Feedback Survey - Sample Comments

- ❑ Please find a way to let the customer know what VERIFICATION should be brought to the review/intake on the appt notice. IE. THIS INFORMATION SHOULD BE BROUGHT TO INTAKE/ EVERY REVIEW. VERIFICAITON OF INCOME. (LAST 30 DAYS OF APPT DATE) RENT RECEIPT/LEASE. WE ENGERY BILL, PHONE BILL, WATER/SEWER (IF NEEDED) ANY FORMS THAT MAY HELP DETERMIN YOUR ELIGIBILITY.
- ❑ Seems clients only read the first page. could you address what they applied for and are receiving on the first page rather than start out with BadgerCare. Also, for SSI/FoodShare clients, do not put a denial for MA on this notice - They panic when they see they are not eligible for MA any longer. Many times they receive these letters on the weekend and haven't slept all night as they are thinking they are not eligible for MA.
- ❑ If we give all clients an R&R pamphlet at application, they all get the Eligibility and Benefits pamphlets for MA and/or FS, we print the Addendum and review that with them, and they get R&R information on their notices, isn't that overkill? Can't something be eliminated somewhere?
- ❑ Please consider different language for the ma review notice letters-this generates a lot of needless calls and explanation to the client-they panic and then call worker. When explained to them that they do not need to do a FTF for ma reviews-not one of my clients has chosen to come-all prefer to mail in review. Also clarify on notices what there FS case # is – that is can be used for reduced/free school lunches; this issue also generates to many phone calls, especially beginning of school year...

Part 5: Advocate Feedback

- ❑ Met with the following advocate groups during January 2006
 - Legal Action of Wisconsin – Pat Delessio and Rhonda Van Penbrook
 - Wisconsin Coalition for Advocacy – Shirin Cabraal
 - Dane County DHS Ombudsman – Andrew Heidt
 - CWAG Elder Law Center – Sarah Orr
 - Community Advocates (Milwaukee) – Customer Staff

- ❑ Feedback Results:
 - Validated the same notice issues highlighted by clients and workers
 - Agreed in concept to statement style notices
 - Agreed in concept to one, high-level budget for a case
 - Agreed in concept to Fair Hearings “tear off” approach
 - Approved of removing citations from notices
 - Recommended separating W-2 and CC from other programs
 - Provided suggestions for revising R/R languages

- ❑ It was agreed to validate new notice framework with advocates at future date.

Part 5: DHA and OLC Feedback

□ Division of Hearings and Appeals

- Noted that CARES notices are generally, factually correct except after new enhancements that sometimes cause temporary issues
- Noted issues with Kinship Care notices (not issued via CARES)
- Favorable view of Fair Hearings “tear-off” approach on notices
 - Preference of putting specific dates per program regarding when appeal needs to be made by
- Noted that citations may be required for Medicaid, but not Food Stamps

□ Office of Legal Counsel (Shelley Malofsky)

- Agreeable to basic concepts of statement notices, high level budgets, and fair hearings tear off
- Agreed to validate new notice framework with her and she would go with us out to review with advocates at a future date.

Part 6: Notice Issues Summary

- Compiled based on:
 - Looking at and researching existing notices and case circumstances
 - Worker feedback
 - Client feedback
 - Advocated Feedback
 - DHA Feedback
- Found problems relating to 5 primary categories:
 - Frequency (12)
 - Length (14)
 - Accuracy (7)
 - Understanding (9)
 - Other (6)
- Problems were ranked within category as to level of contribution to overall issue

Part 6: Notice Issue Samples

Category	Sample Issue(s)
Frequency	<ul style="list-style-type: none">• Client continue to be sent eligibility notices for programs where no eligibility has changed except for re-confirmation of future benefits. Family Medicaid is most common• True program re-requests are not correctly captured which causes notices to be generated for programs that "clients did not request"
Length	<ul style="list-style-type: none">• Duplication (and location of) of Fair Hearings & Rights/Responsibilities Language• Repetitious use of Denial Reasons• Repetitious Quest Card, FORWARD Card, HMO, and JobNET Language• Repetitious description of MA sub-categories programs in monthly eligibility section
Accuracy	<ul style="list-style-type: none">• BadgerCare shows "denied" in Eligibility Summary when it really is pending verification• Notices about MA denials for people receiving SSI-MA
Understanding	<ul style="list-style-type: none">• Notice look/feel with lack of white space and section demarcations do not encourage reading• Placement of Rights/Responsibilities language• Income Allocation Notices• Budget Complexity• FoodShare still referred to as "Food Stamps"
Other	<ul style="list-style-type: none">• "System Suppressed" notices still show in notice history• Clients don't understand benefit duration• Discussion of client's death not done well

Part 7: Considerations

□ Legal

- Need to recognize the “attention-span” of clients against the legal mandates governing when we contact clients, and what information we provide them (or provide access to for them)

□ Volume

- “Little boy who cried wolf” scenario. Need to recognize the importance of when we really should contact clients and the impact that has on caseworker’s workloads.

□ Language

- Need to balance client reading level with complex program concepts (e.g., income allocation).

□ Programs

- Need to balance the communication needs across unique programs of FS, CC, MA (multiple), W2

□ Technology

- Need to recognize limitations of current CARES notice framework and the costs of keeping, or moving off of, it.
- Need to recognize complexity that may exist with any new notice software framework (e.g., maintaining text, notice turn-around time, limitations)

□ Framework

- Developing a notice framework and sticking to it for all communication. Additionally, monitoring notices more closely to determine when things are not functioning correctly.